
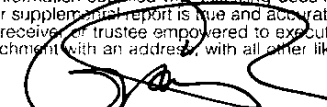


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90030 049 \*\*\*\*61.25

<b>DOCUMENT # N02000002458</b> 1. Entity Name <b>ICPI SOUTHWEST FLORIDA CHAPTER, INC</b>					
Principal Place of Business <b>343 INTERSTATE BLVD SARASOTA FL 34240</b>			Mailing Address <b>343 INTERSTATE BLVD SARASOTA FL 34240</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="text-align: center; border: 1px solid black; padding: 2px;"><b>NO-T APPLICABLE</b></div> <div style="float: right; font-size: small;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE      CR2E037 (10/07)			
6. Name and Address of Current Registered Agent  <b>WOOD, DOUGLAS A ESQ. 1000 TAMiami TRAIL N STE 201 NAPLES FL 34102</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating).)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM VECHAZONE, JOHN 411 LEMOND POND LEHIGH ACRES FL 33971</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SYKES, DON 7167 INTERPACE RD. WEST PALM BEACH FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROSS, GARY 343 INTERSTATE BLVD SARASOTA FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ROSS, GARY 7167 INTERPACE RD. WEST PALM BEACH FL 33407</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SYKES, DON 343 INTERSTATE BOULEVARD SARASOTA FL 34240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FITZGERALD, CHRIS 3135 TERRACE AVE. NAPLES FL 34104</b>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE:  <b>GARY ROSS 1-28-08 Sep 6622664</b>		